



APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

(Please type or print clearly in blue ink)

Application Fee: \$40 (Non–Refundable)

File #: _____
 (Board use only)

SECTION I. (Personal Data)

Last	First	Middle Initial	Jr., Sr., I, II
ALIASES – Please list all other names by which you have been known. (If more than two, use an additional sheet of paper.)			
Last	First	Middle Initial	Jr., Sr., I, II
Last	First	Middle Initial	Jr., Sr., I, II
RESIDENCE ADDRESS – (This address will be used for all correspondence throughout the application process)			
Number and Street			
City	State	Zip Code	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>			
Email Address			
Message/Day Phone Number	Residence Phone Number	Social Security No. ¹	Date of Birth
This application is based upon: (Check one response only)			
<input type="checkbox"/> A doctorate degree in psychology, educational psychology, or in education with a field of specialization in counseling psychology or educational psychology from an acceptable accredited or approved educational institution.			
<input type="checkbox"/> A doctoral degree that has been granted by a foreign university, college, or professional school.			
<input type="checkbox"/> Possession of Certificate of Professional Qualification (CPQ).			
<input type="checkbox"/> Possession of a credential as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and licensed in another state, Canadian province or U.S. territory for a minimum of five Years.			
<input type="checkbox"/> Possession of a certificate by the American Board of Professional Psychology (ABPP).			

¹ Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

SECTION II. PROFESSIONAL DATA

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Yes

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No

Are you now registered, or have you ever applied to become registered as a psychological assistant in California? If "yes," when? _____

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Yes

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No

Are you now registered, or have you ever applied to become a registered psychologist in California? If "yes," when? _____

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Yes

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No

Prior to this application, have you ever submitted an application for licensure as a psychologist in California? If "yes," when? _____

SECTION III. EDUCATIONAL DATA

MASTER'S DEGREE

Granting Institution _____

Dates Attended _____

Major Field of Degree _____

Degree Awarded _____ Date Awarded / Met Requirements _____

DOCTORAL DEGREE

Granting Institution _____

Dates Attended _____

Major Field of Degree _____

Degree Awarded _____ Date Awarded / Met Requirements _____

SECTION IV. MILITARY SPOUSES: Expedited Licensure

If you would like to be considered for military expediting pursuant to Business and Professions Code section 115.5, please answer the following questions and provide required documentation.

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Yes

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No

Are you married to, or in a domestic partnership or other legal union with, and active duty member of the Armed Forces of the United States who is assigned to a duty station in California under active duty military orders?

If "yes," please attach a copy of the marriage certificate or certified declaration/registration of domestic Partnership AND copies of current Leave and Earnings Statements or military order establishing duty station in California.

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Yes

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No

Do you hold a current license in another state, district, or territory or the United States in the profession or vocation for which you seek licensure from the board?

If "yes" please attach a copy of the current license in another state, district, or territory of the United States.

SECTION V. EXAMINATION DATA

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Yes

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No

Have you ever taken the ASPPB Examination for Professional Practice in Psychology (EPPP)?

If yes, you must arrange to have your score reported to the Board by the Association of State and Provincial Psychology Boards, P.O. Box 241245, Montgomery, AL 36124-1245.

PLEASE NOTE: If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.

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Yes

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No

Are you requesting a waiver of the EPPP? *If yes, indicate the basis for the waiver below.*

(See Instructions, page 3)

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Yes

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No

Previously licensed in California

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Yes

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No

Licensure in another state, Canadian Province, or U.S. Territory for at least five years.

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Yes

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No

Certificate of Professional Qualification (CPQ)

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Yes

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No

Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and licensed in another state, Canadian province or U.S. territory for a minimum of five years

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Yes

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No

Certified by the American Board of Professional Psychology (ABPP) and licensed in another state, Canadian province or U.S. territory for a minimum of five years

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Yes

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No

Abandoned a previous application for licensure as a psychologist pursuant to Section 1381.5 of the California Code of Regulations

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Yes

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No

Pursuant to Section 1798.61 of the Civil Code, the Board is not prohibited from disclosing an applicant's name and address for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list. *Do you wish to have your name and address withheld?*

SECTION VI. SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 3,000 hours of Supervised professional experience:

_____	_____
_____	_____
_____	_____

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

- ☐ The date is posted on my doctoral transcript.
- ☐ A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

SECTION VII. FITNESS FOR PRACTICE

☐ Yes ☐ No Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? *If yes, explain on a separate sheet of paper.*

☐ Yes ☐ No Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? *If yes, please explain on a separate sheet of paper.*

☐ Yes ☐ No Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? *If yes, please explain on a separate sheet of paper.*

SECTION VIII. CONVICTION / LICENSE DISCIPLINARY ACTION

☐ Yes ☐ No Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes All misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) *If yes, complete the Conviction/License Disciplinary Action Form.*

☐ Yes ☐ No Have you ever been denied a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

☐ Yes ☐ No Have you had a license, registration, certificate or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? *If yes, complete the Conviction/License Disciplinary Action Form.*

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No	Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No	Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>

SECTION IX. REQUIRED COURSEWORK AND TRAINING

Part A. Human Sexuality Requirement

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No	Have you satisfied the requirement for training in human sexuality as described in Section 25 of the Business and Professions Code and Section 1382 of Title 16 of the California Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.
Name of Institution/Provider: _____		
Date(s) of Coursework: _____		
Name of Course: _____		
Number of Course hours: _____		
NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.		

Part B. Child Abuse Assessment and Reporting

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No	Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 28 of the Business and Professions Code and Section 1382.4 of Title 16 of the California Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to Licensure.
Name of Institution/Provider: _____		
Date(s) of Coursework: _____		
Name of Course: _____		
Number of Course hours: _____		
NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.		

Part C. Detection and Treatment of Alcohol and Other Chemical Substance Dependency Requirement

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Yes

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No

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N/A

Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in Section 2914(e) of the Business and Professions Code and Section 1382.3 of Title 16 of the California Code of Regulations? (This requirement applies to applicants who began graduate training on or after September 1, 1985.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course hours: _____

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

Part D. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirements

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Yes

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No

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N/A

Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by Section 2914(f) of the Business and Professions Code and Section 1382.5 of Title 16 of the California Code of Regulations?

(For applicants who began graduate training between January 1, 1995 and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course hours: _____

NOTE: The above must be documented by a transcript or Certificate that clearly indicates training meeting Board requirements.

Part E. Aging and Long-Term Care Training Requirements

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Yes

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No

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N/A

Have you satisfied the requirement for the aging and long-term care training required by Section 2915.5 of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 2004.)

If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Name of Institution/Provider: _____

Date(s) of Coursework: _____

Name of Course: _____

Number of Course hours: _____

NOTE: The above must be documented by a transcript or certificate that clearly indicates training meeting Board requirements.

SECTION X. STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date

(Revised: 04/19/2013)